

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007820

FILED
Feb 26, 2008
Secretary of State

Entity Name: WATER PARTNERS, INC.

Current Principal Place of Business:

201 E KENNEDY BOULEVARD
SUITE 600
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

201 E KENNEDY BOULEVARD
SUITE 600
TAMPA, FL 33602

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILCOX, JOHN W ESQ.
201 E KENNEDY BLVD
SUITE 600
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LASH, THOMAS A
Address: 201 E KENNEDY BLVD, SUITE 600
City-St-Zip: TAMPA, FL 33602

Title: VPD () Delete
Name: MARTINSEN, HUGH H
Address: 201 E KENNEDY BLVD, SUITE 600
City-St-Zip: TAMPA, FL 33602

Title: SD () Delete
Name: WILCOX, JOHN W
Address: 201 E KENNEDY BLVD, SUITE 600
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: WILCOX, JOHN W
Address: 201 E KENNEDY BLVD, SUITE 600
City-St-Zip: TAMPA, FL 33602

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A. LASH

PD

02/26/2008

Electronic Signature of Signing Officer or Director

_____ Date